

Revision: HCFA-AT-81-34 (BPP)

OFFICIAL

10-81

State KansasCitation4.21 Prohibition Against Reassignment of  
Provider Claims

42 CFR 447.10(c)  
AT-78-90  
46 FR 42699

Payment for Medicaid services  
furnished by any provider under this  
plan is made only in accordance with  
the requirements of 42 CFR 447.10.

TN # 82-19  
Supersedes  
TN # \_\_\_\_\_

Approval Date 2/18/82Effective Date 1/1/82